



Department of Agriculture, Trade and Consumer Protection

Consumer Product Safety Complaint

1. How do we contact you?

Name: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____
(check one) (first) (middle) (last)
Home phone: () _____ Work phone: () _____ ext. _____ or () _____ ext. _____
Fax: () _____ Email: _____
Phone me between 8:00 A.M. and 4:00 P.M. at:
(circle one) Home Work Best time: _____
Address: _____ PO Box: _____ Apt.# _____
City: _____ State: _____ Zip: _____ County: _____

2. Name and address of victim if different from above:

Name: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____
(check one) (first) (middle) (last)
Home phone: () _____ Work phone: () _____ ext. _____ or () _____ ext. _____
Available by phone between 8:00 A.M. and 4:00 P.M. at: _____ Home _____ Work _____ Best time: _____
Fax: () _____ Email: _____
City: _____ State: _____ Zip: _____ County: _____

Information about your complaint: Please provide as much information as you can.

3. Victim's age: _____ Gender: _____ Date of incident: _____
4. Describe product involved: _____
5. Product model: _____ Serial number: _____ Do you still have the product? ☐ Yes ☐ No
6. Brand name/Manufacturer: _____
Address: _____ PO Box: _____
City: _____ State: _____ Zip: _____ Country: _____
7. Manufacturer contact person: _____ Title: _____
8. Manufacturer's phone: () _____ Fax: () _____
9. Where was the product purchased? _____ Date of purchase: _____
10. Contact person at place of purchase: _____ Phone () _____
11. Amount paid: \$ _____ by: (circle one) cash check credit card financed other plan
12. Did you contact the manufacturer about your complaint? ☐ Yes ☐ No When? _____ What happened? _____
13. Have you filed this complaint with another agency? ☐ Yes ☐ No Agency name? _____ What happened? _____
14. Have you contacted a private attorney? ☐ Yes ☐ No Have you started court action? ☐ Yes ☐ No

IMPORTANT: More questions on the back page (over)

